

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>SEAL PAC SUPPORTING ELECTING AMERICAN LEADERS PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00570226
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>MWPolitical, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 12 / 2019</b>
Mailing Address <b>114 Karland Dr NW</b>		Amount <b>5000.00</b>
City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30305-1126</b>
Purpose of Expenditure <b>Digital Advertising</b>	Category/Type	Transaction ID : <b>E7ED442F46B36425FBCD</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 10 / 2019</b>
Name of Federal Candidate <b>Murphy, Gregory, Francis, ,</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>5000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2019 <input checked="" type="checkbox"/> Other (specify) <b>Special General</b>

Full Name of Payee <b>MWPolitical, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 14 / 2019</b>
Mailing Address <b>114 Karland Dr NW</b>		Amount <b>5000.00</b>
City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30305-1126</b>
Purpose of Expenditure <b>Digital Advertising</b>	Category/Type	Transaction ID : <b>E66A55EFA7455424FA62</b> Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 07 / 2019</b>
Name of Federal Candidate <b>Murphy, Gregory, Francis, ,</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>10000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2019 <input checked="" type="checkbox"/> Other (specify) <b>Special General</b>

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>10000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	<b>10000.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Kilgore, Paul, ,*

[Electronically Filed]

Date

 MM / DD / YYYY  
**08 / 16 / 2019**

Signature